
Medicare Hospital Manual

Department of Health and
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HEALTH CARE FINANCING
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REFER TO CHANGE REQUEST 1632

| <u>HEADER SECTION NUMBERS</u> | <u>PAGES TO INSERT</u> | <u>PAGES TO DELETE</u> |
|-------------------------------|------------------------|------------------------|
| Table of Contents | 4-3 - 4-4 (2 pp.) | 4-3 - 4-4 (2 pp.) |
| 424 (Cont.) - 425 | 4-229 - 430 (2 pp.) | 4-229 (1 p.) |

NEW/REVISED MATERIAL--*EFFECTIVE DATE: July 1, 2001*

Section 425, Cryosurgery of the Prostate Gland, manualizes instructions previously released in Program Memorandum A-99-15, Change Request 854 dated April 1999. It incorporates the CPT code 55873. The code will include the cryosurgical ablation of the prostate (includes the ultrasonic guidance for interstitial cryosurgical probe placement, and cryosurgery of the prostate gland performed as salvage therapy under certain conditions (for claims with dates of service on or after July 1, 2001).) There are no system changes at this time. The CPT code was effective January 1, 2001. All standard systems changes are to be implemented January 1, 2002.

Carriers provide the necessary information regarding this transmittal in your next bulletin.

NOTE: In situations where one provider has provided the cryosurgical ablation and another has provided the ultrasonic guidance for the same beneficiary for the same date of service, the provider of the cryosurgical ablation must submit the claim, and the provider of the ultrasonic guidance seek compensation from the provider of the cryosurgical ablation.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER IV
BILLING PROCEDURES

| | <u>Section</u> |
|--|----------------|
| Computer Programs Used to Support Prospective Payment System..... | 417 |
| Medicare Code Editor (MCE)..... | 417.1 |
| Swing-Bed Services..... | 421 |
| Self-Administered Drugs and Biologicals..... | 422 |
| Self-Administered Drug Administered in an Emergency Situation | 422.1 |
| Oral Cancer Drugs..... | 422.2 |
| Self-Administered Antiemetic Drugs | 422.3 |
| Requirement That Bills Be Submitted In Sequence for a Continuous Inpatient Stay Or Course of Treatment..... | 423 |
| Need to Reprocess Inpatient or Hospice Claims In Sequence..... | 423.1 |
| Prostate Cancer Screening Tests and Procedures | 424 |
| Cryosurgery of the Prostate Gland..... | 425 |

Billing for Medical and Other Health Services

| | |
|---|-------|
| Billing for Medical and Other Health Services..... | 430 |
| Use of Form HCFA-1450 to Bill for Part B Services Furnished to Inpatients | 431 |
| Disposition of Copies of Completed Forms..... | 431.1 |
| Psychiatric Services Limitation - Expenses Incurred for Physicians' Services Rendered in a RHC Setting..... | 432 |
| Psychiatric Services Limitation Computation for Provider Rural Health Clinics..... | 432.1 |
| Ambulance Service Claims..... | 433 |
| HCPCS Reporting Requirement | 433.1 |
| All-Inclusive Rate for No-Charge Structure Hospital's Billing Procedures for Part B Inpatient Ancillary Services | 434 |
| Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines..... | 435 |
| Billing for Clinical Diagnostic Laboratory Services Other Than to Inpatients | 437 |
| Screening Pap Smears and Screening Pelvic Examinations..... | 437.1 |
| Clinical Laboratory Improvement Amendments (CLIA)..... | 437.2 |
| Billing for Enteral and Parenteral Nutritional Therapy Covered as a Prosthetic Device..... | 438 |
| Billing for Immunosuppressive Drugs Furnished to Transplant Patients..... | 439 |
| EPO in Hospital Outpatient Departments..... | 439.1 |
| Reporting Outpatient Surgery and Other Services..... | 440 |
| Outpatient Code Editor (OCE)..... | 440.1 |
| Extracorporeal Immunoabsorption (ECI) Using Protein A Columns..... | 440.2 |

DME

| | |
|---|-------|
| Billing for Durable Medical Equipment (DME), Orthotic/Prosthetic Devices, and Surgical Dressings | 441 |
| HCFA Common Procedure Coding System (HCPCS)..... | 442 |
| Use and Maintenance of CPT-4 in HCPCS | 442.1 |
| Addition, Deletion and Change of Local Codes..... | 442.2 |
| Use and Acceptance of HCPCS..... | 442.3 |
| HCPCS Training..... | 442.5 |
| Reporting Outpatient Services Using HCFA Common Procedure Coding System (HCPCS)..... | 442.6 |
| HCPCS Codes for Diagnostic Services and Medical Services..... | 442.7 |
| Non-Reportable HCPCS Codes..... | 442.8 |
| Use of Modifiers in Reporting Hospital Outpatient Services | 442.9 |

CHAPTER IV
BILLING PROCEDURES

| | <u>Section</u> |
|---|----------------|
| HCPCS for Hospital Outpatient Radiology Services and Other Diagnostic Procedures | 443 |
| Billing for Part B Outpatient Physical Therapy (OPT) Services | 444 |
| Reasonable Cost Reimbursement for CRNA or AA Services | 449 |
| Special Instructions for Billing Dysphagia | 450 |
| Billing for Mammography Screening | 451 |
| Billing for Hospital Outpatient Partial Hospitalization Services | 452 |
| Billing for Hospital Outpatient Services Furnished by Clinical Social Workers (CSWs) | 453 |
| Mammography Quality Standards Act (MQSA) | 454 |
| Outpatient Observation Services | 455 |
| Billing for Colorectal Screening | 456 |

Uniform Billing

| | |
|---|-------|
| Completion of Form HCFA-1450 for Inpatient and/or Outpatient Billing | 460 |
| Payment for Blood Clotting Factor Administered to Hemophilia Inpatients | 460.1 |
| Completion of Form HCFA-1450 by Provider RHCs | 461 |
| Form HCFA-1450 Consistency Edits | 462 |

Electronic Media Claims Data

| | |
|---|-------|
| Submission of Electronic Media Claims Data (EMC) | 463 |
| Requirements for Submission of Machine Readable Data | 463.1 |
| File Specifications, Records Specifications, and Data Element Definitions for Machine Readable Bills | 463.2 |
| Maintenance of National Formats | 463.3 |

Form HCFA-1450

| | |
|---|-----|
| Completion of Form HCFA-1450 for Inpatient and Outpatient Bills for Rural Primary Care Hospital (RPCH) | 465 |
|---|-----|

Billing in Situations Where Medicare Is Secondary Payer

| | |
|---|-----|
| Services Are Reimbursable Under Workers' Compensation | 469 |
| Services Are Reimbursable Under Automobile Medical or No-Fault Insurance, or Any Liability Insurance | 470 |
| Medicare Benefits Are Secondary to Employer Group Health Plans When Individuals Are Entitled to Benefits Solely on the Basis of ESRD | 471 |

Billing in Medicare Secondary Payer Situations

| | |
|---|-------|
| Bill Preparation When Medicare Is Secondary Payer | 472 |
| Inpatient Hospital Bills (Other Than PPS) | 472.1 |

G. Remittance Advice Notices.--If the claim for a screening prostate antigen test or screening digital rectal examination is being denied because the patient is under 50 years of age, use existing American National Standard Institute (ANSI) X12-835 claim adjustment reason code 6 “the procedure code is inconsistent with the patient’s age”, at the line level along with line level remark code M140 “Service is not covered until after the patient’s 50th birthday, i.e., no coverage prior to the day after the 50th birthday.”

If the claim for a screening prostate specific antigen test or screening digital rectal examination is being denied because the time period between the test/procedure has not passed, the FI will use existing ANSI X12-835 claim adjustment reason code 119 “Benefit maximum for this time period has been reached” at the line level.

425. CRYOSURGERY OF THE PROSTATE GLAND

A. Coverage Requirements.--Medicare will cover cryosurgery of the prostate gland effective for claims with dates of service on or after July 1, 1999. The coverage is for:

1. Primary treatment of patients with clinically localized prostate cancer, Stages T1-T3 (diagnosis code is 185 - malignant neoplasm of prostate). Cryosurgery of the prostate gland, also known as cryosurgical ablation of the prostate (CAP), destroys prostate tissue by applying extremely cold temperatures in order to reduce the size of the prostate gland (procedure code 60.62 - perineal prostatectomy (the definition includes cryoablation of prostate, cryostatectomy of prostate, and radical cryosurgical ablation of prostate).

Claims for cryosurgery of the prostate gland should meet the requirements that the cryosurgery be performed only as a primary treatment for patients with clinically localized prostate cancer, stages T1-T3.

2. Salvage therapy (effective for claims with dates of service on or after July 1, 2001) for patients:

- o Having recurrent, localized prostate cancer;
- o Failing a trial of radiation therapy as their primary treatment; and
- o Meeting one of these conditions: State T2B or below; Gleason score less than 9; PSA less than 8 ng/ml.

For more information regarding coverage, refer to §35-96 of the Medicare Coverage Issues Manual.

B. Billing Requirements.--Submit claims for cryosurgery for the prostate gland on the Form HCFA-1450 or electronic equivalent. Follow the instructions in §460 of the Hospital Manual. This procedure can be rendered in an inpatient or outpatient hospital setting (bill types 12x, 13x, 83x, and 85x.)

Use the following CPT code and revenue code to indicate that the procedure was rendered:

- o 55873 - revenue code 34x, Cryosurgical ablation of localized prostate cancer, stages T1-T3 (includes ultrasonic guidance for interstitial cryosurgical probe placement, postoperative irrigations and aspiration of sloughing tissue included).

Diagnosis Code 185 and procedure code 60.62 must also be on the claim.

C. Payment Requirements.--This service will be paid only as a primary treatment for patients with clinically localized prostate cancer, Stages T1-T3. When one provider has furnished the cryosurgical ablation and another the ultrasonic guidance, the provider of the ultrasonic guidance must seek compensation from the provider of the cryosurgical ablation. The ultrasonic guidance associated with this procedure will not be paid for separately.

Effective July 1, 2001, cryosurgery performed as salvage therapy will be paid only according to the coverage requirements described in paragraph A.

These services will be paid on a reasonable cost basis with appropriate deductible and coinsurance applies.